

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 02/27/01 and 03/15/01?
- b. The request was received on 02/26/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 04/03/02
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution
 - b. HCFA's
 - c. Audit summaries/EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (4), the carrier representative did not have a sign copy for this dispute. Based on 133.307 (i) Medical Dispute Resolution is unable to determine if the insurance carrier's response is timely. Therefore, the dispute will be considered timely.

III. PARTIES' POSITIONS

1. Requestor:
 - a. “Fluoroscopic guidance with Epiduragram is not global to the injection procedure as billed by the doctor on her professional charges. The injection procedure CPT code *62289 is a star procedure, which is not subject to the global rules and allows us to bill for the technical portion of the radiology procedure of the ESI. Denied global and for Significant, separately identifiable E/M service by the same Physician on the day of a procedure, this is incorrect our Technical portion of the ESI is documented in the operative report ‘Under intermittent C-arm fluoroscopic guidance or under fluoroscopic guidance’ this is required and is medical [sic] necessary.” The provider is seeking reimbursement in the amount of \$1,200.00 for the dates of service 02/27/01 and 03/15/01.
2. Respondent:
 - a. The carrier denies reimbursement in the amount of \$1,200.00 for the dates of service 02/27/01 and 03/15/01 as G-“INCLUDED IN GLOBAL CHARGE.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 02/27/01 and 03/15/01.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
02/27/01 03/15/01	76499-27	\$300.00 \$300.00	\$0.00 \$0.00	G G	DOP	TWCC STG 134.1001 (T)(i) TWCC Advisory 97-01	The carrier has denied the charges in dispute as G-“INCLUDED IN GLOBAL CHARGE.” Carrier’s response is timely and no other EOB’s or reaudits were noted. Therefore, the Medical Review Division’s decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed. According to the STG: “ESIs must be performed under fluoroscopic control. Medical documentation indicates that the services were rendered. Therefore, reimbursement is recommended in the amount of \$600.00 .

02/27/01 03/15/01	76499-27-22	\$300.00 \$300.00	\$0.00 \$0.00	G G	DOP	TWCC STG 134.1001 (T)(i) TWCC Advisory 97-01	The carrier has denied the charges in dispute as G- "INCLUDED IN GLOBAL CHARGE." Carrier's response is timely and no other EOB's or reaudits were noted. Therefore, the Medical Review Division's decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed. According to the STG: "ESIs must be performed under fluoroscopic control." Medical documentation indicates that the services were rendered. Therefore, reimbursement is recommended in the amount of \$600.00.
Total		\$1,200.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$1,200.00.

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,200.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 16th day of May 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.